

**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF FINANCIAL INSTITUTIONS
INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR:**

CONSUMER LOAN LICENSE

Please Mail Application to:

**Department of Financial Institutions
1025 Capital Center Drive, Suite 200
Frankfort, Kentucky 40601**

THE PACKAGE YOU HAVE RECEIVED CONTAINS THE FOLLOWING PERTINENT INFORMATION NEEDED TO MAKE APPLICATION TO THE DEPARTMENT OF FINANCIAL INSTITUTIONS. **PROCESSING TIME FOR A COMPLETED APPLICATION FOR A NEW ENTITY, NOT PREVIOUSLY LICENSED IN KENTUCKY, IS APPROXIMATELY 45 DAYS.**

- A) **KENTUCKY REVISED STATUTES CHAPTER 288. PLEASE READ THIS THOROUGHLY BEFORE APPLYING FOR A LICENSE.**
- B) **THE APPLICATION FORM. THIS SHOULD BE COMPLETED AS SPECIFICALLY INSTRUCTED, SIGNED AND NOTARIZED.**
- C) **STATE LICENSE CONFIRMATION FORM. THIS FORM IS FOR APPLICANTS WHO ARE CURRENTLY LICENSED AND OPERATING IN ANOTHER STATE (S).**

THE FOLLOWING NAMES AND NUMBERS ARE LISTED FOR YOUR CONVENIENCE:

LICENSING AND APPLICATION QUESTIONS - GARY THURMAN EXT. 251
EXAMINATIONS AND REGULATORY QUESTIONS - SHELBY MERRITT EXT. 253
LEGAL OPINIONS – GENERAL COUNSEL EXT. 232
CONSUMER COMPLAINTS - ANDIE CUBERT EXT. 226

KENTUCKY SECRETARY OF STATE - 502-564-2848
KENTUCKY CONSUMER LOAN ASSOCIATION – CARROLL HORTON - 859-255-0287

APPLICATION FOR A CONSUMER LOAN LICENSE

COMPLETE **ALL** SCHEDULES USING AS MANY SEPARATE PAGES
AS NECESSARY TO COMPLETE APPLICATION. PLEASE NUMBER
EACH RESPONSE ACCORDING TO THE CATEGORY LISTED BELOW.
IF A QUESTION IS NOT APPLICABLE, PLEASE SO STATE.

PLEASE TYPE OR PRINT IN INK

INCOMPLETE OR UNANSWERED QUESTION MAY RESULT IN TIME
DELAYS OR RETURNED APPLICATIONS

DATE: _____

To the Commissioner, Kentucky Department of Financial Institutions:

The following hereby makes application for a license to conduct a Consumer Loan business as provided in
Kentucky Revised Statutes Chapter 288 at the following principal location **IN KENTUCKY**:

(Complete Legal Name of Entity to be licensed - to include Assumed Name "DBA")

(Street Address, Suite or Apartment Number)

(City or Town, County, Zip Code)

(Telephone Number)

(FAX Number)

(Name of primary contact person to discuss application questions)

The following schedules, which include the information required by Kentucky Revised Statutes Chapter 288, is needed to enable the Commissioner of the Department of Financial Institutions to determine the feasibility of permitting your firm to engage in this business:

1. Please state if the Applicant is presently engaged in the business as a Consumer Loan Company in any other state. If **YES**, list the states in which Applicant is operating, the type of license held, and the date business was commenced in these states. **Fill out the enclosed STATE LICENSE CONFIRMATION form, per instructions, and forward to all states in which you are currently licensed.**

2.
 - a) If INDIVIDUAL (SOLE PROPRIETOR) is applying, please give complete name (first, middle/maiden, last - no initials), social security number, residence address and phone number, and business address and phone number.
 - b) If PARTNERSHIP or a LLP is applying, please give complete name, social security number, residence address and phone number, business address and phone number, and PERCENT of ownership of each partner.
 - c) If CORPORATION or a LLC is applying, please give complete name, social security number, residence address and phone number, business address and phone number and PERCENT of ownership of officers, directors and anyone owning more than five percent (5%).
3.
 - a) If INDIVIDUAL is applying, please submit a copy of the required local business registration. If you are using an Assumed Name "DBA", this also has to be registered with local government and a copy sent to the Department.
 - b) If PARTNERSHIP, LLP, CORPORATION or LLC is applying, please submit copies of Partnership agreements, Articles of Incorporation, etc., and related appropriate filings which have been file stamped by the KENTUCKY SECRETARY OF STATE. This includes Certificates of Assumed Name (DBA). Out of State Corporations shall obtain a Certificate of Authority to do business in Kentucky.
4. If the headquarters (corporate office, etc.) of the APPLICANT is located outside Kentucky, please list complete street address, mailing address (if different), phone number and fax number.
5. Submit a current (within 90 days) financial statement of the Applicant; **compiled, reviewed OR audited**, by a Certified Public Accountant.
6. Submit a resume of the owners and/or managers.
7. Submit current, signed and dated, financial statements on anyone owning more than five percent (5%) of the Applicant.
8. If you are engaged, or intend to engage, in any business other than that allowed by KRS Chapter 288, please state the name and type of business conducted. A Consumer Loan company may purchase retail/installment sales contracts, sell motor club memberships and make loans in the principal amount greater than fifteen thousand dollars (\$15,000) at the same rates as provided in KRS 360.010, without special permission from the Commissioner.
9. If any other entity is conducting business at the proposed licensed location(s), please state the name and type of business conducted.
10. List the name and address of any AFFILIATES (businesses with common ownership) of the Applicant.

11. a. Has the Applicant or any of its owners, employees, agents, officers, or directors ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)?

YES_____ NO_____

- b. Has the Applicant or any of its owners, employees, agents, officers, or directors ever been the subject of any actions (cease and desist orders, consent orders, injunctions, license suspensions, or revocation, etc.) by any regulatory agency, state or federal or have any of the aforementioned been associated in any capacity with a company who has been the subject of any disciplinary actions?

YES_____ NO_____

- c. Has the Applicant or any of its owners, employees, agents, officers, or directors ever been refused any license (except motor vehicle operator) by the Department of Financial Institutions or any other state or federal government agency or has such an application ever been withdrawn or have any of the aforementioned been associated in any capacity with a company who has been refused any license?

YES_____ NO_____

- d. Has the Applicant or any of its owners, employees, agents, officers, or directors ever been a party to litigation in which it was alleged that the Applicant, employee, agent, officer or director: engaged in or dishonest conduct; failed to comply with any state or federal regulatory requirements; **or** committed any breach of contract or tort relating to their business dealings or have any of the aforementioned been associated in any capacity with a company who was alleged to be or has been found guilty of engaging in fraudulent or dishonest conduct; failed to comply with any state or federal regulatory requirements; **or** committed any breach of contract or tort relating to their business dealings?

YES_____ NO_____

If the answer to any of the foregoing is YES, explain the circumstances fully, using as many additional sheets as necessary. Please include any pertinent documentation.

12. If any of the owners of the Applicant know of any derogatory information on their personal credit report, please have the individual submit a written explanation and any pertinent documentation.
13. Please submit the completed application together with an investigation fee of two hundred fifty dollars (\$250), **if this is the initial location in Kentucky OR**, one hundred fifty dollars (\$150), **if this is an additional location in Kentucky, AND the additional sum of four hundred dollars (\$400) as an annual license fee for each location for the period terminating on the last day of the current calendar year.**

If the application is filed after June 30 in any year, the **license fee** shall be two hundred dollars (\$200). The check shall be made payable to the **KENTUCKY STATE TREASURER. NOTE: EACH LICENSEE SHALL RENEW ON OR BEFORE DECEMBER 20, PRIOR TO THE DECEMBER 31 EXPIRATION DATE.**

PURSUANT TO KRS 288.460(2), THE LICENSE IS NOT TRANSFERABLE OR ASSIGNABLE. ANY MINORITY SALE OF FIVE PERCENT (5%) OR MORE SHALL BE REPORTED TO THE DEPARTMENT PRIOR TO THE TRANSFER. ANY MAJORITY SALE OF FIFTY PERCENT (50%) OR MORE SHALL CONSTITUTE THE NEED FOR A NEW APPLICATION BY THE PROPOSED NEW MAJORITY PARTY.

SIGNATURE AND NOTARY PAGE FOR APPLICATION

AND

CONSENT TO REQUEST CREDIT REPORT

As a part of its statutory responsibility, the Department of Financial Institutions is authorized to investigate applicants to determine eligibility for licensing. The Department is authorized generally to investigate any audits, examinations, complaints, reports, etc., suggesting the possibility of unlawful activity involving regulated institutions. In the course of its investigations, the Department of Financial Institutions may procure or cause to be prepared a consumer credit report on individual(s) or entity (ties).

The undersigned has informed each and every person or entity (whose names appear on the application) involved in the proposed enterprise that the Department of Financial Institutions may procure or cause to be prepared a consumer credit report on him/her/it. The undersigned is authorized by each and every person or entity named on the application to give permission for the Department of Financial Institutions to procure or cause to be prepared such a report. In accordance with that authorization and permission, the undersigned, for himself or herself and as a representative and agent for each and every person or entity involved in this enterprise, acknowledges and gives permission for the Department of Financial Institutions to procure or cause to be prepared a consumer credit report on each and every person or entity involved in this application during the licensing process and any time thereafter should the Department be required to investigate any audits, examinations, complaints, reports, etc. Suggesting the possibility of unlawful activity.

Authorized Signature and Title

STATE OF _____
COUNTY OF _____

I, _____, hereby declare on my oath that I have
(Name of person signing application)
executed this application and that the facts stated in the application are true and correct. I further state that I have read and will comply with Kentucky Revised Statutes Chapter 288.

Signature of Applicant

Subscribed and sworn to before me this
_____ day of _____, 2_____.

Notary Public - State at Large
My Commission Expires: _____

STATE LICENSE CONFIRMATION FORM

(To be completed by APPLICANT)

(Legal Name and Address of Applicant)

is applying for a license pursuant to The Consumer Loans Law, Kentucky Revised Statutes Chapter 288. I hereby authorize _____ (Name of State) to release to the Kentucky Department of Financial Institutions any and all information requested.

(Name and Title)

(Signature)

(Date)

(To be completed by STATE AGENCY and returned to address above, attn: Gary Thurman)

- A. What type of license does the applicant currently hold? What is the issue date, license number and expiration date?
- B. If a license was issued, did your agency conduct an investigation?
- C. Does your agency conduct periodic examinations of the applicant?
- D. Have any complaints against the applicant been filed with your agency in the past three years? If yes, please give number, nature and disposition of the complaint(s).
- E. Has any disciplinary/enforcement action been taken against the applicant? If yes, please identify type, date and disposition.

Name/Title of Person Completing Form: _____

Agency Name and Phone Number: _____